

2018

Open Enrollment Benefits Guide



HUMAN RESOURCES
& DEVELOPMENT
TULARE COUNTY

Human Resources & Development

2500 W Burrel Ave
Visalia, CA 93291
(559) 636-4900

Benefits Customer Service

(559) 636-4911

OEHealth@co.tulare.ca.us

www.co.tulare.ca.us/hrd

2018 Open Enrollment Benefits Guide

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Open Enrollment is Here Again!

It is time again to review your benefits elections for the coming year. Tulare County's 2018 Open Enrollment begins on **September 28, 2017 and ends October 27, 2017**. Open Enrollment is your annual opportunity to change plans, add or drop eligible dependents from coverage, elect and re-elect a Flexible Spending Account or Health Savings Account.

At County of Tulare, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health—physical, emotional and financial—is the reason County of Tulare offers you this benefits program. We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this summary.

While we've made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

What Changes in 2018?

- Premium increase of **3.3%** for Anthem Blue Cross PPO Plans
- 0% Premium increase for Kaiser Permanente HMO plans
- 0% Premium increase for Delta Dental PPO Plan
- Premium increase of **5.37%** for DeltaCare USA Dental HMO Plan
- Premium increase of **2%** Vision Plan Services
- Minimum Benefit Amount increases to **\$321.09** per pay period
- **NEW** –Pharmacy Benefit Manager – **EmpiRx Health** (*Effective January 1, 2018*)

What Stays the Same?

- Anthem Blue Cross PPO (\$0, \$500, \$1000 & \$2500 Deductible) Plan Options
- Kaiser Permanente HMO Traditional and Deductible Plan Options
- Dental Plan Options - Delta Dental PPO and DeltaCare USA HMO
- Vision Service Plan (VSP) as vision provider
- Standard Life remains the provider for Group Life Insurance and Long-Term Disability
- Employee Assistance Program remains under Anthem Blue Cross

Online Enrollment: www.electmybenefits.com

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What You Must Know?

Use this checklist to guide you through Open Enrollment (**September 28th – October 27th**):

- ☐ Participation **IS REQUIRED** if you are:
 - Newly electing health plan coverage, changing plans, or adding or removing a dependent
 - Waiving health coverage
 - Enrolling or re-enrolling in a Flexible Spending Account (Medical or Dependent Care Reimbursement) or Health Savings Account
- ☐ Participation is **NOT REQUIRED**:
 - If no changes are being made with your current health plan coverage
 - Not enrolling in a Flexible Spending Account or a Health Savings Account
- ☐ Benefit elections will begin **January 1, 2018** and will stay in effect until **December 31, 2018**. Changes during the year can only be made if you have a Qualified Life Event Change
- ☐ New insurance premiums for 2018 will begin on the paycheck dated **December 5, 2017**
- ☐ Insurance premiums are paid one month in advance. In the event you leave County employment, your coverage will continue through the month in which premiums are paid. Contact HR&D Benefits to discuss coverage dates
- ☐ Deductions for FSA, HSA, and voluntary products will begin on paycheck dated **January 2, 2018**
- ☐ If **waiving coverage**, you must provide Proof of Other Coverage by **November 30, 2017**. **Note:** *Failure to provide documentation verifying proof of other coverage will result in losing your benefit amount for the 2018 plan year*
- ☐ If adding dependent coverage, you will be required to provide documentation verifying dependent eligibility by **October 27, 2017**
- ☐ If electing to participate in the Flexible Spending Account for Medical or Dependent Care Reimbursement in calendar year 2018, you must enroll (or re-enroll) by **October 27, 2017** (late enrollments will not be allowed)
- ☐ If electing to participate in a Health Savings Account (HSA) in calendar year 2018, you must enroll (or re-enroll) by **October 27, 2017**. This applies only if you are enrolled in the Anthem Blue Cross \$2500 High Deductible Health Plan
- ☐ To add, change or terminate your voluntary benefits, schedule an appointment to meet with a Chimienti & Associates enroller by calling (559) 733-1670
- ☐ Update your Life Insurance Beneficiary Form
- ☐ This OE Guide and any pertinent open enrollment forms are available at www.tularecounty.ca.gov/hrd
- ☐ To participate in Open Enrollment, your enrollment options include:
 - Online at www.electmybenefits.com
 - Attend one of the locations listed on Page 19
 - Visit Open Enrollment Central at HR&D (Walk-ins Welcomed, NO Appointment Needed)

TCCA and TCDSA Open Enrollment Information

Please contact your benefits representative to obtain information on your 2018 Open Enrollment Schedule and your health benefits.

Tulare County Corrections Association (TCCA): (Open Enrollment September 28, 2017-October 27, 2017)

Linda Clower, Buckman-Mitchell Insurance, (559) 741-4435, lindac@bminc.com

Tulare County Deputy Sheriff's Association (TCDSA):

Brad Webb, Administrator, (559) 636-1199, dsa_insurance@sbcglobal.net

Who Can You Cover?

Who Is Eligible?

Regular full-time employees working 20 or more hours per week are eligible for the benefits outlined in this overview.

You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your domestic partner is eligible for coverage if you and your domestic partner are under a legally registered and valid domestic partnership. An individual who is registered with the State of California as a domestic partner of a County Employee. For more information on registered domestic partners, visit the California Secretary of State's website at: www.sos.ca.gov/dpreistry.
- Your children (including your Domestic Partner's Child, a Child under your Legal Guardianship, Adoptive Child):
 - Under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
 - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

Who Is Not Eligible?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Employees who work less than 20 hours per week, temporary employees, contract employees, or employees residing outside the United States.

When Can I Enroll?

Coverage for new employees begins on the 1st of the month following 30 days of employment.

Open enrollment for current employees is generally held in October. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Make sure to notify HR&D Benefits Customer Services right away if you do have a qualifying life event. You have 30 days to make a change (add or drop) to your coverage election. These changes include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage
- Divorce

Making the Most of Your Benefits Program

Helping you and your family members stay healthy and making sure you use your benefits program to its best advantage is our goal in offering this program. Here are a few things to keep in mind.

Stay Well!

Harder than it sounds, of course, but many health problems are avoidable. Take action—from eating well, to getting enough exercise and sleep. Taking care of yourself takes care of a lot of potential problems.

Ask Questions and Stay Informed

Know and understand your options before you decide on a course of treatment. Informed patients get better care. Ask for a second opinion if you're at all concerned.

Get A Primary Care Provider

Having a relationship with a PCP gives you a trusted person who knows your unique situation when you're having a health issue. Visit your PCP or clinic for non-emergency healthcare.

Going to the Doctor?

To get the most out of your doctor visit, being organized and having a plan helps. Bring the following with you:

- Your plan ID card
- A list of your current medications
- A list of what you want to talk about with your doctor

If you need a medication, you could save money by asking your doctor if there are generics or generic alternatives for your specific medication.

An Apple A Day

Eating moderately and well really does help keep the doctor away. Stay away from fat-heavy, processed foods and instead focus on whole grains, vegetables, and lean meats to be the healthiest you can be.



Using the Emergency Room

Did you know most ER visits are unnecessary? Use them only in a true emergency—like any situation where life, limb, and vision are threatened. Otherwise, call your doctor, your nurse line, or go to an Urgent Care clinic. You'll save a lot of money and time.

Be Med Wise!

Always follow your doctor's and pharmacist's instructions when taking medications. You can worsen your condition(s) by not taking your medication or by skipping doses. If your medication is making you feel worse, contact your doctor.

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Medical PPO

Medical coverage provides you with benefits that help keep you healthy like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

County of Tulare gives you a choice of four Anthem Blue Cross PPO Plans or two HMO plans through Kaiser Permanente Insurance Company.

	Anthem BC \$0 Deductible PPO	Anthem BC \$500 Deductible PPO	Anthem BC \$1000 Deductible PPO	Anthem BC \$2500 High Deductible PPO
	In-Network	In-Network	In-Network	In-Network
Annual Deductible	\$0 per individual \$0 family limit	\$500 per individual \$1,000 family limit	\$1,000 per individual \$2,000 family limit	\$2,500 individual coverage \$5,000 family coverage
Annual Out-of-Pocket Max	\$2,000 per individual \$4,000 family limit	\$3,000 per individual \$6,000 family limit	\$4,000 per individual \$8,000 family limit	\$5,000 individual coverage \$10,000 family coverage
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit – Primary Provider	\$20 copay	\$35 copay	\$45 copay	Plan pays 90% after deductible
Office Visit – Specialist	\$20 copay	\$35 copay	\$45 copay	Plan pays 90% after deductible
Preventive Services	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Chiropractic Care	\$25 copay (up to 12 visits per year)	\$25 copay (up to 12 visits per year)	\$25 copay (up to 12 visits per year)	Plan pays 90% after deductible (up to 12 visits per year)
Diagnostic X-ray & Lab	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 90% after deductible
Complex Imaging	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible
Inpatient Hospitalization	Plan pays 90%	\$250 per admission copay Plan pays 80% after deductible	\$1,000 per year copay Plan pays 80% after deductible	Plan pays 90% after deductible
Outpatient Surgery	Plan pays 90%	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible
Urgent Care	\$20 copay	\$35 copay	\$45 copay	Plan pays 90% after deductible
Emergency Room	\$100 copay (copay waived if admitted)	\$100 copay Plan pays 80% after deductible (copay waived if admitted)	\$100 copay Plan pays 80% after deductible (copay waived if admitted)	Plan pays 90% after deductible

*Please refer to Summary Benefits Coverage for a description of Out-Of-Network coverage.



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Medical HMO

Here is an overview of the two HMO medical plans offered through Kaiser Permanente.

	Kaiser Permanente Deductible HMO - Low Plan	Kaiser Permanente Traditional HMO - High Plan
	In-Network	In-Network
Annual Deductible	\$1,000 per individual \$2,000 family limit	\$0 per individual \$0 family limit
Annual Out-of-Pocket Max	\$3,000 per individual \$6,000 family limit	\$1,500 per individual \$3,000 family limit
Lifetime Max	Unlimited	Unlimited
Office Visit-Primary Provider	\$20 copay	\$25 copay
Office Visit-Specialist	\$20 copay	\$25 copay
Preventive Services	Plan pays 100%	Plan pays 100%
Chiropractic Care	Not covered	\$10 copay (up to 30 visits per year)
Lab and X-ray	Preventive: plan pays 100% after deductible; all other: \$10 copay after deductible; Complex imaging: \$50 copay	Plan pays 100%
Inpatient Hospitalization	Plan pays 80% after deductible	\$250 admission copay
Outpatient Surgery	Plan pays 80% after deductible	\$25 copay
Urgent Care	\$20 copay	\$25 copay
Emergency Room	Plan pays 80% after deductible	\$100 copay (copay waived if admitted)



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Prescription Drugs



Beginning **January 1, 2018**, **EmpiRx Health** will be facilitating the prescription benefit for the San Joaquin Valley Insurance Authority (SJVIA). This prescription benefit will replace your current prescription benefit managed by Envolve Pharmacy Solutions. Please note that EmpiRx Health is only replacing the pharmacy component of your health care coverage for the Anthem Blue Cross \$0, \$500 & \$1000 Deductible PPO Plans.

Things to Know

- Please check your mail carefully in the month of December to ensure you receive your EmpiRx Health enrollment packet that will contain your new I.D. card, plan brochure and mail order materials. The new I.D. card is to be presented to your participating pharmacy on or after **January 1, 2018**. Your old identification card should then be destroyed.
- You may still use the same local retail pharmacy(ies) to fill your prescription(s). Your Mail Order Pharmacy for maintenance prescription orders is changing. EmpiRx Health has selected Benecard Central Fill to dispense mail prescriptions. Valid prescriptions with remaining refills will be transferred over from the old Mail Order Pharmacy to the new Mail Order Pharmacy to allow you to acquire refills without disruption.

Here are the prescription drug plans that are included with our medical plans.

Health Plans	Anthem \$0, \$500, \$1000 Deductible PPO	Anthem \$2500 HDHP PPO	Kaiser DHMO–Low	Kaiser HMO–High
Carrier	EmpiRx Health	Express Scripts	Kaiser	Kaiser
Prescription Drug Deductible	None	Subject to medical calendar year deductible	None	None
Annual Out-of-Pocket Limit	\$2,000 per individual \$4,000 per family	Prescriptions subject to medical out-of-pocket maximums	Prescriptions subject to medical out-of-pocket maximums	Prescriptions subject to medical out-of-pocket maximums
Pharmacy: Generic Preferred Brand Non-preferred Brand Supply Limit	\$10 copay \$20 copay \$35 copay 30 days	\$7 copay after deductible \$25 copay after deductible Not covered 30 days	\$10 copay \$30 copay Not covered 30 days	\$10 copay \$20 copay Not Covered 100 days
Mail Order: Generic Preferred Brand Non-preferred Brand Supply Limit	\$20 copay \$40 copay \$60 copay 90 days	\$14 copay after deductible \$50 copay after deductible Not covered 90 days	\$20 copay \$60 copay Not covered 100 days	\$10 copay \$20 copay Not covered 100 days

This is not a complete summary of benefits further limitations and exclusions may apply.

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Vision



Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

We offer you a vision plan through Vision Service Plan (VSP). VSP is only available to members enrolled in the Anthem Blue Cross Medical PPO Plans. Kaiser members should refer to the Benefits Summary for vision benefits information.

	VSP Vision	
	In-Network	Out-Of-Network
Examination		
Benefit	\$10 copay then plan pays 100%	Plan pays up to \$45
Frequency	1 x every 12 months from last date of service	In-network limitations apply
Materials	\$25 copay then plan pays 100%	Plan pays (see schedule below):
Eyeglass Lenses		
Single Vision Lens	Plan pays 100% of basic lens (material copay applies)	Reimbursed up to \$30
Bifocal Lens	Plan pays 100% of basic lens (material copay applies)	Reimbursed up to \$50
Trifocal Lens	Plan pays 100% of basic lens (material copay applies)	Reimbursed up to \$65
Frequency	1 x every 12 months from last date of service	In-network limitations apply
Frames		
Benefit	\$130 allowance (20% off amount over allowance)	Reimbursed up to \$70
Frequency	1 x every 24 months from last date of service	In-network limitations apply
Contacts (Elective)		
Benefit	\$120 allowance (instead of eyeglasses)	Reimbursed up to \$105 (instead of eyeglasses)
Frequency	1 x every 12 months from last date of service	1 x every 12 months from last date of service


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Dental



Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

County of Tulare gives you a choice of dental plans.

	Delta Dental PPO		DeltaCare USA DHMO
	In-Network	Out-Of-Network	In-Network
Calendar Year Deductible	\$0 per individual \$0 per family	\$25 per individual \$75 per family	\$0 per individual \$0 per family
Annual Plan Maximum	\$1,000 per individual	\$1,000 per individual (combined with in-network)	Unlimited
Waiting Period	None	None	
Diagnostic and Preventive	Plan pays 100%	Plan pays 100%	\$0-\$45 (varies by service; see contract for fee schedule) copay then plan pays 100%
Basic Services			
Fillings	Plan pays 80%	Plan pays 80% after deductible	\$0-\$50 (varies by service; see contract for fee schedule) copay then plan pays 100%
Root Canals	Plan pays 80%	Plan pays 80% after deductible	\$0-\$95 (varies by service; see contract for fee schedule) copay then plan pays 100%
Periodontics	Plan pays 80%	Plan pays 80% after deductible	\$0-\$140 (varies by service; see contract for fee schedule) copay then plan pays 100%
Major Services	Plan pays 50%	Plan pays 50% after deductible	\$0-\$345 (varies by service; see contract for fee schedule) copay then plan pays 100%
Orthodontic Services			
Orthodontia	Plan pays 50%	Plan pays 50%	\$1,700-\$1,900 (see contract for limitations) copay then plan pays 100%
Lifetime Maximum	\$1,500	\$1,500 (combined with in-network)	Unlimited
Adults	Covered	Covered	Covered
Dependent Children	Covered	Covered	Covered
Full-time Students	Covered	Covered	Covered

Life and Disability Insurance



If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security. If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the company. Coverage is provided by **Standard Insurance**.

	Eligibility	Basic Life Amount	Basic AD&D Amount
Class 1:	Executive Management (Department Heads)	2 x covered annual earnings up to a maximum of \$250,000	2 x covered annual earnings up to a maximum of \$250,000
Class 2:	Management (Assistant Department Heads)	\$50,000	\$50,000
Class 3:	All Other Members	\$10,000	\$10,000

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit.

Taxes: Due to IRS regulations, a life insurance benefit of \$50,000 or more is considered a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

Long-Term Disability Insurance

Long-Term Disability coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled like workers' compensation and Social Security.

To be eligible employees must be in one of the following Bargaining Units: 7, 9, 10, 11, 14, 15, 16, 19, 20, 21, 22, and 50. Coverage is provided by **Standard Insurance Group**. Contact Benefits Customer Service for assistance in filing an LTD claim at (559) 636-4911.

Monthly Benefit Amount	Plan pays 60% of covered monthly earnings	Benefits Begin After	60 days of disability
Maximum Monthly Benefit	\$5,000	Maximum Payment Period	Age 65

Other Programs



Here are some other valuable programs that you are eligible to participate in:

Employee Assistance Program

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through **Anthem Blue Cross** can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources. Best of all, it's free.

In-person counseling is available, depending on the type of help you need. The program allows you and your family/household members up to six (6) visits per incident.

EAP Counseling thru LiveHealth Online

Now, you can use your EAP to have a video visit with a licensed therapist using LiveHealth Online. Talk with a therapist from your home or wherever you have internet access and privacy. Scheduling a visit is easy. In most cases, you can make an appointment to see a therapist within four days or less. This may be sooner than waiting for an office visit.

Make your first appointment – when it's easy for you:

- Give your EAP a call at **800-999-7222** and ask about therapy visits.
- The EAP representative will tell you more about therapy options, including video visits using LiveHealth Online on your computer, smartphone or tablet.
- If video visits are right for you, the EAP representative will give you details about how to schedule a visit as well as a special coupon code.
- You can review a therapist's background and qualifications and choose one who's available and right for you.
- You'll receive a confirmation email once you've scheduled a visit.

A few more details

- Private therapy visits using LiveHealth Online are free with your EAP. Your EAP can tell you how many you're eligible for.
- Your visit will last about 45 minutes and you can set up a future visit if you need one. Keep in mind therapists do not prescribe medication.

Help is available 24/7, 365 days a year by telephone at **800-999-7222**. Other resources are available online at www.AnthemEAP.com. When you log in, enter **County of Tulare**.

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Anthem LiveHealth Online

Now you and your family can see a doctor when it fits your schedule. No need for an appointment and no long wait at the urgent care center. All you need is the LiveHealth Online app or a computer with a webcam. Best of all, LiveHealth Online is part of your health plan benefits. So using LiveHealth Online may cost as little as a regular office visit or at most \$49.

Sign up now to get:

- Immediate, 24/7 access to doctors
- Secure and private video chats with Board-Certified doctors
- Prescriptions sent to your pharmacy, if needed
- Help with colds, the flu, allergies, fevers, and more
- Available anywhere you have a computer or mobile device with Internet access

Co-pays are:

- Anthem BC PPO \$0 Deductible Plan = \$20
- Anthem BC PPO \$500 Deductible Plan = \$35
- Anthem BC PPO \$1000 Deductible Plan = \$45
- Anthem BC PPO \$2500 High Deductible Plan = \$49 (and your deductible does not need to be met)

Deferred Compensation

A governmental 457(b) Deferred Compensation Plan (457 Plan) is a retirement savings plan that allows eligible employees to supplement any existing retirement and pension benefits by saving and investing before – tax dollars through a voluntary salary contribution. Contribution and any earnings on contributions are tax-deferred until money is withdrawn. Distributions are subject to ordinary income tax. The ROTH option provides the flexibility to designate your 457(b) elective deferrals as ROTH contributions. All ROTH contributions are made with after-tax dollars.

The County will contribute one dollar (\$1) for every four dollars (\$4) (maximum amount of \$1,500 per year) for employees that contribute to their individual Defined Contribution account. Contact Empower Retirement for more information.

Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to reimburse yourself (with your own money) for eligible Health Care and/or Dependent Care expenses. By participating in these accounts, you do not pay Federal, State, or city taxes on the money you contribute. Participation is voluntary and employees must sign-up during open enrollment.

Health Care Flexible Spending Account (HC-FSA) – used to reimburse you for out-of-pocket health care expenses, including prescription medications for you and your eligible dependents. A full list of eligible expenses is available at <http://www.irs.gov/pub/irs-pdf/p502.pdf>. The maximum amount you may elect for **2018 is \$2,500**.

Dependent Care Flexible Spending Account (DC-FSA) – used to reimburse you for out of pocket expenses for dependent care expenses, whether for a child or an elder. This includes expenses for someone else to care for your dependent (under the age of 13 for dependent children) so you may work. The maximum amount you may elect for **2018 is \$5,000**.

Any unused funds will be forfeited per Internal Revenue Service (IRS) guidelines. **FSA accounts do not carry over to the following year; therefore, you must make a new election before open enrollment closes.**

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Health Savings Account

If you enroll in the County's Anthem Blue Cross \$2500 Deductible PPO (HDHP) plan you are eligible to open a Health Savings Account (HSA). Your participation in the HDHP gives you the opportunity to take advantage of this tax-sheltered arrangement to pay the cost of your routine medical expenses or to build a fund for future expenses and retirement.

Under an HDHP all benefits, both medical and Rx, are subject to the deductible and you are responsible for all charges until this has been satisfied. However, you can pay these expenses with funds from your HSA account, creating a tax savings for you. Funds may be contributed to your account via pre-tax payroll deduction or directly by you with after tax dollars which can be deducted from your income when you file your tax returns. The funds in your HSA build year over year and you may use these funds to pay for any allowable expenses according to IRS guidelines, including dental and vision as well.

The maximum amount you may contribute in **2018 is \$3,450** for employee only and **\$6,900** for family. Contact HRD Benefits for questions regarding the Health Savings Account.

Pet Insurance by Nationwide

As a County of Tulare employee, you'll receive a discount on your base medical coverage premium. Plus, owners of multiple pets are entitled to receive additional discounts!

With coverage from Nationwide, your pets are protected if they get injured or become ill. Nationwide policies are easy to use and reimburse you for eligible veterinary expenses related to surgeries, hospitalization, X-rays, prescription medications and more. Best of all, you're free to visit any veterinarian, anywhere in the world.

If you are interested in pet insurance, please visit <http://www.petinsurance.com/tularecounty> or call **877-738-7874**.

Your Benefits Portal

Ben IQ gives you 24/7 access to benefits information and other resources to help you understand your benefits. You can also use this site to select your benefits during Open Enrollment and to make most qualifying event changes to your coverage.

To access the portal, go to: **BenIQ.com**.



Meet Ben-IQ

Ben-IQ is a free app that includes much of the information that's included in this overview, but in a place that's always at your fingertips - your smartphone. Ben-IQ is available for Android and iPhone. Simply download Ben-IQ and enter the Employer Key **TULARE**.

Take a tour of Ben-IQ and review plan summaries, and important contacts like our EAP. Store and organize ID cards using your phone's camera, and much more! Be sure to share Ben-IQ with your covered family members and caregivers too.

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Voluntary Insurance Benefits

Chimienti & Associates Insurance Services offers the following voluntary benefits through payroll deduction with Pre-tax option available on most plans.

- **Hospital Gap Insurance** (Solutions Plus+ Advantage) – **NEW FOR 2018! \$2,000 BENEFIT OPTION AVAILABLE!**
Employees now have the option to purchase the new \$2,000 Inpatient & \$2,000 Outpatient plan or the current \$1,000 Inpatient & \$1,000 Outpatient plan. The Gap plan is designed to offset your deductible and coinsurance exposure under your Anthem \$1000 Deductible or Anthem \$500 Deductible Medical Plans. This Gap Insurance is always Guarantee Issue during Open Enrollment and covers Pre-Existing Conditions.
- **Group Term Life Insurance** (VOYA) – **GUARANTEE ISSUE FOR ALL EMPLOYEES THIS OPEN ENROLLMENT!** VOYA has agreed to provide this offer of No Medical Questions for Employee policy options up to \$200,000, Spouse policy up to \$50,000 and \$10,000 Child Term Rider. Term Life insurance is a more temporary life insurance for people who want a fixed benefit amount for a specific period of time to cover their family and mortgage years. VOYA's 5 Year Term Life provides very affordable group rates. Employee policy options are available with limited health questions up to \$500,000 for Employees.
- **Universal Life Insurance** (Transamerica) – **GUARANTEE ISSUE OFFER THIS OPEN ENROLLMENT!** No Medical Questions offer is available to Employees who do not currently have this benefit, for up to \$50,000 policy. Universal Life is Permanent, Interest-Earning Life Insurance with coverage lasting up to Age 100. The valuable Long Term Care with Extension of Benefits continues to be included in this Life Insurance. Employee Policy options are available up to \$500,000 (capped at 5 X annual salary). Family coverage is also available.
- **Critical Illness Plan** (VOYA) – **GUARANTEE ISSUE OFFER THIS OPEN ENROLLMENT!** No Medical Questions are required for Employee Policy options up to \$30,000, Spouse policy up to \$15,000 and \$2,500 Child Term Rider. Critical Illness pays Lump Sum Benefit directly to employee, when diagnosed with Critical Conditions such as: Cancer, Heart Attack, Stroke and Renal Failure. Annual \$50 Health Screening is included in this plan.
- **Cancer Insurance** (Transamerica) – This benefit pays benefits directly to Employees upon diagnosis of invasive Cancer. \$5,000 Initial Diagnosis Benefit is the first payout, with a long list of benefits paid for the treatment of cancer such as; Radiation & Chemo, Surgical, Hospitalization, New & Experimental Treatment, Transportation & Family Lodging and more. \$200 Annual Mammogram Benefit + \$50 Annual Health Screening Benefits are included in this plan.
- **Short Term Disability** (American Fidelity) – This Paycheck Protection Plan pays up to 40% of your gross income in addition to State Disability, should you be unable to work due to an illness or injury.
- **24-Hour Accident Insurance** (Transamerica) – Accident Insurance Plan pays benefits directly to the employee in the event of a covered accident on or off the job. It pays benefits for emergency treatment, hospitalization, follow-up treatment, intensive care, prosthesis and much more. Refer to Schedule of Benefits for amounts payable, definitions and limitations for each specific accident. Annual \$60 Health Screening Test is included.
- **Legal Plan** (LegalEASE) - Legal Plan gives employees the ability to talk to an Attorney for free or discounted legal services, alleviating the worry of high hourly costs. Examples of covered legal services; Name Change, Home Sale/Purchase, Estate Planning (Simple Will and Power of Attorney), Family Law Services, Identity Theft, Financial Counseling, and more.

2018 Open Enrollment Benefits Guide

Cost of Coverage

The amount that you pay for your coverage is outlined below and depends how much you earn and whether you cover dependents. County of Tulare pays 100% of cost for Basic Life, AD&D, and LTD coverage.

In general, you pay for health coverage before federal, state, and social security taxes are withheld, so you pay less in taxes. Contact your tax advisor for more details on how this tax treatment applies to your specific situation.

The Minimum Benefit Amount for **2018 is \$321.09** per pay period (24 PP's), which covers the Anthem BC \$1000 Deductible PPO, Employee Only Plan and the \$10,000 Basic Life Insurance benefit. If you waive coverage, the Benefit Amount is **\$41.67** per pay period (equivalent to \$1,000 per year). Benefit Amounts vary by Bargaining Unit and Job Classification, please refer to your Bargaining Unit's Memorandum of Understanding for the applicable benefit amount.

2018 Bi-Weekly Rates (24 Pay Periods)				
With Dental PPO	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Anthem BC \$0 Ded PPO	\$474.72	\$942.73	\$867.68	\$1,431.68
Anthem BC \$500 Ded PPO	\$362.63	\$719.37	\$665.87	\$1,134.88
Anthem BC \$1000 Ded PPO	\$321.09	\$635.52	\$590.08	\$970.92
Anthem BC \$2500 HDHP PPO	\$305.40	\$604.12	\$561.28	\$923.09
Kaiser Permanente HMO (High)	\$421.07	\$824.68	\$754.23	\$1,233.71
Kaiser Permanente DHMO (Low)	\$331.25	\$645.04	\$591.67	\$964.26
With Dental HMO	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Anthem BC \$0 Ded PPO	\$470.20	\$934.65	\$855.98	\$1,415.41
Anthem BC \$500 Ded PPO	\$358.11	\$711.30	\$654.17	\$1,118.61
Anthem BC \$1000 Ded PPO	\$316.56	\$627.44	\$578.38	\$954.65
Anthem BC \$2500 HDHP PPO	\$300.88	\$596.04	\$549.58	\$906.82
Kaiser Permanente HMO (High)	\$416.54	\$816.60	\$742.53	\$1,217.43
Kaiser Permanente DHMO (Low)	\$326.72	\$636.96	\$579.97	\$947.98

*Above rates include Medical, Prescription, Dental, Vision and Basic Life Insurance.

2018 Open Enrollment Benefits Guide

Important Plan Notices

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan (see Summary Plan Description for deductibles and coinsurance). If you would like more information on WHCRA benefits, call your plan administrator (559) 636-4900.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at (559) 636-4900.

Michelle's Law

The County of Tulare plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, notify Human Resources in writing as soon as

the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in The County of Tulare plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in the County of Tulare plan without waiting for the next open enrollment period if you:

Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.

Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request [medical plan OR health plan] enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in The County of Tulare medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage.

Notice of Grandfathered Plan Status

The County of Tulare believes the County of Tulare medical plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.














Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at (559) 636-4900. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please visit www.tularecounty.ca.gov/hrd for complete notice.

2018 Open Enrollment Benefits Guide

Plan Contacts

If you need to reach our plan providers, here is their contact information:

<u>Plan Type</u>	<u>Provider</u>	<u>Phone</u>	<u>Website</u>	<u>Logo</u>
Medical	Anthem Blue Cross	888-831-2238	www.anthem.com/ca	
Medical	Foundation for Medical Care	559-733-3127		
Medical	LiveHealth Online	888-548-3432	www.livehealthonline.com	
Medical	Kaiser Permanente	800-464-4000	www.kp.org	
Prescription	EmpiRx Health (New - Effective 1/1/2018)	877-262-7435	www.empirxhealth.com	
Dental PPO	Delta Dental	888-335-8227	www.deltadentalins.com	
Dental HMO	DeltaCare USA	800-422-4234	www.deltadentalins.com	
Vision	Vision Service Plan	800-877-7195	www.vsp.com	
EAP	Anthem EAP	800-999-7222	www.anthemEAP.com Login Code: County of Tulare	Anthem® EAP
FSA	Administrative Solutions Inc.	866-777-1320	www.asibenefits.com	
Voluntary Benefits	Chimienti & Associates	559-733-1670	www.chimienti.com	
Deferred Compensation	Empower Retirement	800-701-8255	www.empower-retirement.com/participant	
HSA	Sterling Health Services	800-617-4729	www.sterlinghsa.com	
	Optum Bank	866-234-8913	www.optumbank.com	
Life Insurance & LTD	Standard Insurance Company	800-428-0505	www.standard.com	

Have Questions? Need Assistance with Open Enrollment?
Contact Benefits Customer Service at (559) 636-4911 or Email OEHealth@co.tulare.ca.us.



HUMAN RESOURCES & DEVELOPMENT

TULARE COUNTY

2500 West Burrel Ave.

Visalia, California 93291-4583



County of Tulare 2018 Open Enrollment

September 28, 2017 - October 27, 2017

Open Enrollment Central:	Human Resources & Development 2500 West Burrel Avenue, Visalia, CA 93291 Innovation Room (No Appointments Necessary -- Walk-ins Welcomed!)	Benefits Customer Service: (559) 636-4911 OEHealth@co.tulare.ca.us Main Office: (559) 636-4900 www.co.tulare.ca.us/hrd Chimienti & Associates: (559) 733-1670 Voluntary Products* *To enroll in a voluntary plan, call CAIS to schedule an appointment.
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SUN	MON	TUE	WED	THU	FRI	SAT
24 September Office Closed Online Self-Serve Enrollment Only	25 HR&D Online Enrollment Monday-Thursday 8am-5pm	26 Porterville Government Plaza Orange/Tangerine Rm 1063 W Henderson Meetings 8:30am & 1:30pm Online Enrollment 8am-5pm	27 Porterville Government Plaza Orange/Tangerine Rm 1063 W Henderson Meetings 8:30am & 1:30pm Online Enrollment 8am-5pm	28 Health Fair Visalia Convention Center 8am-4pm Open Enrollment Begins	29 HR&D Closed	30 Office Closed Online Self-Serve Enrollment Only
1 October Office Closed Online Self-Serve Enrollment Only	2 HR&D Online Enrollment Monday-Thursday 8am-5pm	3 Porterville Government Plaza Orange/Tangerine Rm 1063 W Henderson Meetings 8:30am & 1:30pm Online Enrollment 8am-5pm	4 Porterville Government Plaza Orange/Tangerine Rm 1063 W Henderson Meetings 8:30am & 1:30pm Online Enrollment 8am-5pm	5 Visalia Child Support East Training Rm 8040 Doe Ave Meetings 8:30am & 1:30pm Online Enrollment 8am-5pm	6 HR&D Online Enrollment 8am-12pm	7 Office Closed Online Self-Serve Enrollment Only
8 Office Closed Online Self-Serve Enrollment Only	9 HR&D Online Enrollment Monday-Thursday 8am-5pm	10 Visalia Government Plaza RMA Conf Rm 5959 S. Mooney Blvd Meetings 8:30am & 1:30pm Online Enrollment 8am-5pm	11 Visalia Government Plaza RMA Conf Rm 5959 S. Mooney Blvd Meetings 8:30am & 1:30pm Online Enrollment 8am-5pm	12 Tulare Works (VDO) Almond A/B 1845 N Dinuba Blvd, Visalia Meetings 8:30am & 1:30pm Online Enrollment 8am-5pm	13 HR&D Online Enrollment 8am-12pm	14 Office Closed Online Self-Serve Enrollment Only
15 Office Closed Online Self-Serve Enrollment Only	16 HR&D Online Enrollment Monday-Thursday 8am-5pm	17 Dinuba District Office Jasmine Room 1066 N. Alta Ave Meetings 8:30am & 1:30pm Online Enrollment 8am-5pm	18 Visalia Processing Center Birch Room 26644 S. Mooney Blvd Meetings 8:30am & 1:30pm Online Enrollment 8am-5pm	19 TCERA 136 N Akers St, Visalia Board Conference Room 8am-12pm (Retirees Only)	20 HR&D Online Enrollment 8am-12pm	21 Office Closed Online Self-Serve Enrollment Only
22 Office Closed Online Self-Serve Enrollment Only	23 HR&D Online Enrollment Monday-Thursday 8am-5pm	24 Lindsay District Office Conference Room 900 N. Sequoia Meetings 8:30am & 1:30pm Online Enrollment 8am-5pm	25 Tulare Agricultural Building Auditorium 4437 S. Laspina St. Meetings 8:30am & 1:30pm Online Enrollment 8am-5pm	26 Tulare District Office Training Room 458 E. O'Neal Meetings 8:30am & 1:30pm Online Enrollment 8am-5pm	27 HR&D 8am-12pm Open Enrollment Closes	28

Online Enrollment: www.electmybenefits.com